

Foster Family Home - Deficiency Report

Provider ID: 1-170088

Home Name: D.M. Karla Bumanglag, RN

Review ID: 1-170088-11

94-440 Kahualena Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/16/2023

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

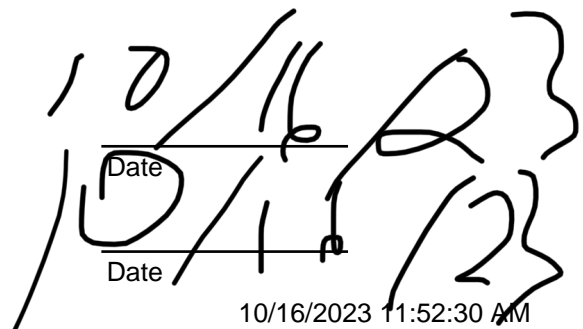
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date

Date

10/16/2023 11:52:30 AM